MARYLAND 6032

STATE DEPARTMENT OF HEALTH 05979

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree #1
LENGTH OF STAY (in this place) 90 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree, Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) (Last) Bratten

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 8/1864
9. AGE last birthday 90/0/6 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Hired Hand
11. BIRTHPLACE (State or foreign country) Girdletree Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Bratten
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr Lawrence Bratten, Girdletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Cardiac Failure — 1 day

Antecedent cause(s) (b) Arteriosclerotic Heart Disease — 10 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to June 24, 1954, that I last saw the deceased alive on June 24, 1954 and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE Benton, La Mar, (Degree or title) MD. ADDRESS Snow Hill DATE SIGNED 6-25-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 27/54
NAME OF CEMETERY OR CREMATORY Coolspring
LOCATION (City, town, or county) Girdletree (State) Md

DATE REC'D BY LOCAL REG. June 25, 54
REGISTRAR'S SIGNATURE Elwyn E. Cooper
24. FUNERAL DIRECTOR Alley E. Dennis, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
JUN 28 1954
BUREAU V. S

MARYLAND 6033

05980

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

M

1

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location) WILLIAMS ST.

3. NAME OF DECEASED (Type or Print) (First) RALPH (Middle) DENARD (Last) BRITTINGHAM

4. DATE OF DEATH (Month) JUNE (Day) 30 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH JAN. 23, 1887

9. AGE last birthday 67 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OIL DISTRIBUTOR

10b. KIND OF BUSINESS OR INDUSTRY GASOLINE Co

11. BIRTHPLACE (State or foreign country) BERLIN MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DENARD J. BRITTINGHAM

14. MOTHER'S MAIDEN NAME MAGGIE COOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. R. D. BRITTINGHAM BERLIN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X

Immediate cause (a) Uremia, sec Anasarka sec — 11 days

Antecedent cause(s) (b) Chronic Glomerulo Nephritis — 7 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

260X (c) Diabetes mellitus mild — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic Stenosis + Insufficiency — 6 yrs

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE Hermann A. Rabbins MD (Degree or title) ADDRESS Berlin Md DATE SIGNED 6/30/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE July 2, 1954 — NAME OF CEMETERY OR CREMATORY EVERGREEN — LOCATION (City, town, or county) BERLIN (State) MD.

DATE REC'D BY LOCAL REG. 6-30-54 — REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anna A. Burbage — ADDRESS Berlin Md

RECEIVED
JUL 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6029 **CERTIFICATE OF DEATH** 05981

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 42 — LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stockton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 42
STREET ADDRESS (If rural give location) Stockton Road

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) W. (Last) CARTER

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 2, 1892

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Carter

14. MOTHER'S MAIDEN NAME: Emma Dryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 214-10-7635

17. INFORMANT & ADDRESS: Mrs. Elizabeth Carter, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 420.1 Coronary Thrombosis — Interval Between Onset And Death: Minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive Cardio-Vascular Disease — Several years

DUE TO

(c) Arteriosclerosis, Selective especially of coronary vessels.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity, moderate

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Pocomoke (COUNTY) Worcester (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 27 March, 19 54, to 4 June, 19 54, that I last saw the deceased alive on May 27, 1954, and that death occurred at 5: V.S.A.M., from the causes and on the date stated above.

SIGNATURE Norman E. Sartorius, Jr. (Degree or title) M.D. ADDRESS Pocomoke City, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/6/54 — NAME OF CEMETERY OR CREMATORY Downing Cemetery — LOCATION (City, town, or county) Oak Hall, Va. (State)

DATE REC'D BY LOCAL REGISTRAR June 5, 1954 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry H. Watson — ADDRESS Pocomoke, Md.

RECEIVED
JUN 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05982

6030

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (In this place) Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway 113

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Martin St.

3. NAME OF DECEASED (Type or Print): (First) BERTIE (Middle) - (Last) COLLINS

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Sept 4, 1897

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Taylor

14. MOTHER'S MAIDEN NAME: Peggy Mears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 2

17. INFORMANT AND ADDRESS: Lelia Thornes, Mears, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken neck & left arm, legs & thighs

Antecedent cause (b) Struck by Automobile

Antecedent cause (c)

INTERVAL BETWEEN ONSET AND DEATH: Very brief

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Deceased had been drinking

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): Highway 113 (CITY OR TOWN): 3 miles S Pocomoke (COUNTY): Worcester (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Struck by car driven by Lelia Thornes on the road in front of Nanny's Lake

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: W. K. Antonis — (Degree or title): Dep. Med. Examiner — ADDRESS: Pocomoke City Md — DATE SIGNED: 6/19/54

23. FINAL DISPOSITION (Burial, Cremation, Removal, Specify): Burial — DATE THEREOF: 6/22/54 — NAME OF CEMETERY OR CREMATORY: Groton Cemetery — LOCATION (City, town, or county) (State): Hallwood, Virginia

DATE REC'D BY LOCAL REG.: June 22 1954 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

VS. A15A

RECEIVED
JUN 23 1954
BUREAU V. S.

05983

MARYLAND 6034 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3.55

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) N. 6th St.

3. NAME OF DECEASED (Type or Print) (First) Amanda (Middle) Ayres (Last) Cropper
4. DATE OF DEATH (Month) June (Day) 6 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 6, 1877
9. AGE last birthday 77 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Ocean City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John J. Ayres
14. MOTHER'S MAIDEN NAME Araclanta Coffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) 0
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr. H. O. Cropper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.1

Immediate cause (a) Pulmonary Edema & Anuranka due to — 20 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis & Coronary Sclerosis — 3 yrs

(c) Aortic Aneurysm - Thoracic Aorta — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia - de - Arthritis Rheumatoid — 5-6 yrs

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to June 6, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 10.20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hermann Radbruch M.D. ADDRESS Berlin, Md. DATE SIGNED June 7, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/8/54
NAME OF CEMETERY OR CREMATORY St. Paul's Church Yard
LOCATION (City, town, or county) (State) Berlin Md.

DATE REC'D BY LOCAL REG. 6-8-54
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR ADDRESS Anna A. Burbage Berlin Md

RECEIVED
JUN 14 1954
BUREAU V. S.

MARYLAND 6035 05984 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Wascoster; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; MARYLAND; LENGTH OF STAY (in this place) 1 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Belden Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md; COUNTY Wascoster; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dividtree; STREET ADDRESS (If rural, give location) 2nd St.

3. NAME OF DECEASED (Type or Print): (First) Ida; (Middle) H.; (Last) Dailey

4. DATE OF DEATH: (Month) June; (Day) 14; (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1897

9. AGE last birthday: 77 yrs.; If under 1 year: Months; If under 1 year: Days; If under 24 hrs.: Hours; If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dividtree md

12. CITIZEN OF WHAT COUNTRY: U.S.a

13. FATHER'S NAME: Thomas R. Law

14. MOTHER'S MAIDEN NAME: Hester Law

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422 / Immediate cause	(a) Shock	months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio - Vascular disease	12
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Shock — none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 14, 1954 to June 14, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 8:15 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) M. E. Sartoris; ADDRESS Pocomoke City Md; DATE SIGNED 6/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 16/54	Baptist	Dividtree	md

DATE REC'D BY LOCAL REGISTRAR'S REG. June 15, 1954; REGISTRAR'S SIGNATURE Annie E. White; 24. FUNERAL DIRECTOR Clayton Timmons; ADDRESS Snow Hill md

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 17 1954
BUREAU V. S.

05985

MARYLAND 6036

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND
COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
STREET ADDRESS (If rural, give location) RFD Trappe

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) HARVEY (Last) DAVIS

4. DATE OF DEATH (Month) JUNE (Day) 26 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDED

8. DATE OF BIRTH JUNE 14, 1880

9. AGE last birthday 74 yrs.
If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY OWN FARM

11. BIRTHPLACE (State or foreign country) BERLIN MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME CHARLIE DAVIS

14. MOTHER'S MAIDEN NAME ELEANOR HAMMOND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT AND ADDRESS MRS HARVEY DAVIS BERLIN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.21.L

Immediate cause (a) Pulmonary edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure

(c) Valvular disease of heart

INTERVAL BETWEEN ONSET AND DEATH
(a) 6 mo.
(b) Several yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to June, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Robert A. Grubb MD (Degree or title)

ADDRESS Bay St. Berlin, Md.

DATE SIGNED 6/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE 6/28/54

NAME OF CEMETERY OR CREMATORY EVERGREEN

LOCATION (City, town, or county) BERLIN (State) MD.

DATE REC'D BY LOCAL REG. 6-28-54

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Bruce A. Bunting

ADDRESS Berlin Md

RECEIVED
JUL 2 1954
BUREAU V. S.

6037 MARYLAND STATE DEPARTMENT OF HEALTH

U5986

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 N. Boardwalk.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8424 Loch Raven Blvd ✓

3. NAME OF DECEASED (Type or Print) (First) WARREN (Middle) Thomas (Last) Ford.
4. DATE OF DEATH (Month) JUNE (Day) 13 (Year) 54.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 24 1923
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial art
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Harry Thomas Ford
14. MOTHER'S MAIDEN NAME Lillian Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-18-9609
17. INFORMANT AND ADDRESS Mrs Warren Thomas Ford 8424 Loch Raven Blvd Balto 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular Renal disease	7 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Septicemia in childhood (at 13 years).

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE H Journeaud, Jr. MD (Degree or title) Acting Deputy Medical Examiner Worcester Co. ADDRESS Ocean City, Md. DATE SIGNED June 13, 54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/16/54 (E) NAME OF CEMETERY OR CREMATORY Parkwood Cemetery LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6-14-54 REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Emma A Burbage ADDRESS Berlin MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

REGISTERED
JUN 15 1954
BUREAU V. S.

6038 05987

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Madeline (Middle) W. (Last) Hudson

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1954

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Oct. 15/1874 | 9. AGE last birthday 79/8/0 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Girdletree, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Caleb Watson | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mr M. J. Hudson, Girdletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion.	5 days
Antecedent cause(s)	(b) Hypertensive Cardiovascular disease	10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1953, to June 15, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 12:35 A m., from the causes and on the date stated above.

SIGNATURE Bentley LaMar (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 6-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 18/54 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Girdletree (State) Md

DATE REC'D BY LOCAL REG. June 18, 54 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | 24. FUNERAL DIRECTOR Clay E. Timmins, ADDRESS Snow Hill, Md

RECEIVED
JUN 22 1954
BUREAU V. S.

6039 MARYLAND STATE DEPARTMENT OF HEALTH 05988

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ocean City — LENGTH OF STAY (In this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60th St at the Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 408 Mansfield Road. ✓

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Cecelia (Last) Jackson Morris
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 19 54

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 27 1895
9. AGE last birthday 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (wife)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Rockland Maine
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Willard Jackson
14. MOTHER'S MAIDEN NAME Frances Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Ruth Morris, daughter, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute coronary occlusion — 10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 10 years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection ✓, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or Title) Actg. Deputy Medical Examiner — ADDRESS Ocean City Md Worcester County — DATE SIGNED June 13, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 17 1954 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Bladensburg Rd Md.

DATE REC'D BY LOCAL REG. 6-14-54 — REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR — ADDRESS Emma D Bunting Berlin Md.

RECEIVED
JUN 15 1954
BUREAU V. S.

6040 05989

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark #1; LENGTH OF STAY (In this place) Born; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark #1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E. (Last) Nock

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 24 1882

9. AGE last birthday: 72 / 11 / 45 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dublin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Hadder

14. MOTHER'S MAIDEN NAME: Mary Widgeon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Thomas Moore, Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cachexia and Inanition	2 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Cardiovascular Disease	20 Yrs
	(c)	Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to June, 1954*, that I last saw the deceased alive on June 18, 1954, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dorothy Lamar M.D. ADDRESS: Snow Hill DATE SIGNED: 6-21-54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE: June 21/54; NAME OF CEMETERY OR CREMATORY: Lowery; LOCATION (City, town, or county): Newark (State): Md

DATE REC'D BY LOCAL REG.: June 21, 54; REGISTRAR'S SIGNATURE: Elwyn E. Cooper

24. FUNERAL DIRECTOR: Wiley E. Timmons ADDRESS: Snow Hill Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 23 1954
BUREAU V. S.

MARYLAND 6041 05990

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: V

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN
STREET ADDRESS (If rural, give location): MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) ESSIE (Middle) COLLINS (Last) PURNELL

4. DATE OF DEATH: (Month) JUNE (Day) 4 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D O WV

8. DATE OF BIRTH: 2/20/1884

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BISHOPVILLE, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM COLLINS

14. MOTHER'S MAIDEN NAME: CATHERINE HUDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT AND ADDRESS: MRS. EARL CONLEY, BERLIN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart attack — Interval between onset and death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Loss of weight = anorexia etc

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1954, to June 4, 1954, that I last saw the deceased alive on June 4, 1954 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: Chas. R Law (Degree or title) ADDRESS: Berlin Md DATE SIGNED: 6/5-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: June 7 54 | NAME OF CEMETERY OR CREMATORY: ST. PAULS | LOCATION (City, town, or county) (State): BERLIN MD

DATE REC'D BY LOCAL REG.: 6-7-54 | REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Bruce A. Burbage ADDRESS: Berlin Md

RECEIVED
JUN 8 1954
BUREAU V. S.

6042 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05991

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Berlin Rural
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville Rural
STREET ADDRESS (If rural give location) 46 X-3

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Rogers

4. DATE OF DEATH: (Month) June (Day) 8th (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/25/1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Rogers

14. MOTHER'S MAIDEN NAME: Martha Ryan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Martha Johnson Berlin, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Coronary thrombosis see IV	15 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart disease	5 yrs
	DUE TO (c) degenerative Myocarditis	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of lower Lip c metastasis	1 yr

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to June 8, 1954, that I last saw the deceased alive on June 8, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fernando Calderon M.D. ADDRESS Berlin, Md DATE SIGNED 6/9/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial | DATE THEREOF 6/11/54 | NAME OF CEMETERY OR CREMATORY Red Men's Cemetery | LOCATION (City, town, or county) (State) Selbyville Del.

DATE REC'D BY LOCAL REGISTRAR 6-9-54 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL DIRECTOR ADDRESS Watson & Tracy Frankford Delaware

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6031 **CERTIFICATE OF DEATH** 05992

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42 — LENGTH OF STAY (in this place) 12 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Walnut St. X	STREET ADDRESS (If rural give location) 501 Walnut St.

3. NAME OF DECEASED: (Type or Print) (First) MERVIN (Middle) - (Last) TOWNSEND

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 26, 1893	61 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Filling Station	Garage Owner	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sidney F. Townsend	Carrie M. Trader

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	213-01-8883	Mrs. Lela B. Townsend, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 48 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cardio-vascular Hypertensive Disease — many years

DUE TO (c) Nephritis, Chronic Severe Rheumatic Heart Disease — many years; since 18 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Constipation + Chronic 2 to 3° heart failure — 2-3 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1946 to 19 June, 1954, that I last saw the deceased alive on 18 June, 1954, and that death occurred at 2:25 A.m., from the causes and on the date stated above.

SIGNATURE N. E. Sartorius, Jr. (Degree or title) M. D. ADDRESS Pocomoke, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/21/54	Nelson Cemetery	Pocomoke, RFD, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 22, 1954	Anne E. White	Henry H. Watson, Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1954
BUREAU V. S.